Fill in this information to identify your case:	
United States Bankruptcy Court for the:  Eastern District of Michigan	
Case number (if known):	Chapter you are filing under: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

☐ Check if this is an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filling alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Part 1: Identify Yourself						
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
1.	Your full name						
	Write the name that is on your government-issued picture	ERICA					
	identification (for example, your driver's license or	First name	First name				
	passport).	Middle name	Middle name				
	Bring your picture identification to your meeting with the trustee.	Last name Last name	Last name				
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)				
2.	All other names you						
	years	First name	First name				
	Include your married or maiden names.	Middle name	Middle name				
		Last name	Last name				
		First name	First name				
		Middle name	Middle name				
		Last name	Last name				
3.	Only the last 4 digits of	xxx - xx	xxx - xx				
	your Social Security number or federal	OR	OR				
	Individual Taxpayer Identification number	9 xx - xx	9 xx - xx				
	(ITIN)						

Official Form 101

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
Any business names     and Employer     Identification Numbers		I have not used any business names or EINs.	i have not used any business names or EiNs.			
	(EIN) you have used in the last 8 years	Business name	Business name			
	Include trade names and doing business as names	Business name	Business name			
		EIN	EIN — — — — — — —			
		EIN	EIN			
5.	Where you live		If Debtor 2 lives at a different address:			
		8177 Gary Que Number Street	Number Street			
		Westland Michigan 48185 City State ZIP Code	City State ZIP Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number Street	Number Street			
		P.O. Box	P.O. Box			
		City State ZIP Code	City State ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Errica Gregory

ase number of known



							<del></del>
7.	The chapter of the Bankruptcy Code you			a brief description of each, Form 2010)). Also, go to the			U.S.C. § 342(b) for Individuals Filing ne appropriate box.
	are choosing to file under	☑ Chapter 7					
	under	Cha	pter 11				
		Cha	oter 12				
		Cha	oter 13				
				and the second of the second of the second			ann ann agus garagaigh ann na gailteann ann agus an aigeann an ann aigeann an ann an an aigeann an air an air
8.	How you will pay the fee	locai your subr	court f self, yo nitting y	ou may	w you n	nay pay. Typical	ly, if you are paying the fee attorney pay with a credit card or check
							otion, sign and attach the ents (Official Form 103A).
		By la less pay	aw, a ju than 15 the fee	idge may, but is not requ 50% of the official povert	ired to, y line th hoose th	waive your fee, a at applies to you nis option, you m	tion only if you are filing for Chapter 7. and may do so only if your income or family size and you are unable to must fill out the Application to Have the with your petition.
9.	Have you filed for	☑ No					· · · · · · · · · · · · · · · · · · ·
	bankruptcy within the last 8 years?		District		When		Case number
	last o years.						
			District		When	MM / DD / YYYY	Case number
			District		When	MM / DD / YYYY	Case number
10.	Are any bankruptcy	☑ No					
	cases pending or being filed by a spouse who is	Yes.	Debtor				Relationship to you
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM / DD / YYYY	Case number, if known
	annate:		Debtor				Relationship to you
						MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	□ No. ☑ Yes.	Go to I Has yo Z No Ye	line 12. pur landlord obtained an evi p. Go to line 12. es. Fill out <i>Initial Statement A</i> rt of this bankruptcy petition	ction judg A <i>bout an</i>		

Official Form 101

Erica Gregory

Case number	id and a	

# Part 3.

12. Are you a sole proprietor of any full- or part-time business?

> A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part
----------------

Yes. Name and location of business

Name of t	ousiness, if any			
Number	Street			
City		State	ZIP Code	

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

# Part 4:

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

4	No	
	Yes	

		City		7ID Code
		Number Street		
	Where is the property?			
	If immediate attention	needed, why is it needed?	<del></del>	
			· · · · · · · · · · · · · · · · · · ·	
S.	What is the hazard?			

Official Form 101

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 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

can dismiss your case, you will lose whatever filing fee you paid, and your creditors an begin collection activities again.

### **About Debtor 1:**

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

ue	otor t			
- Sales				
	TO RIVED			
16.	What kind of debts do you have?	16a. Are your debts primari	ly consumer debts? Consumer debts	are defined in 11 U.S.C. § 101(8)
	you mave.	☐ No. Go to line 16b. ☐ Yes. Go to line 17.		
			ly business debts? Business debts are estment or through the operation of the bu	
		No. Go to line 16c. Yes. Go to line 17.		
		16 . State the type of debts you	owe that are not consumer debts or busing	ess debts.
17.	Are you filing under Chapter 7?	No. I am not filing under Cha	apter 7. Go to line 18.	And the second s
	Do you estimate that after any exempt property is		er 7. Do you estimate that after any exemples are paid that funds will be available to dis	
	excluded and administrative expenses	☑ No		
	are paid that funds will be available for distribution to unsecured creditors?	Yes		
18.	How many creditors do	√ <sub>1-49</sub>	1,000-5,000	25,001-50,000
	you estimate that you	50-99	5,001-10,000	50,001-100,000
	owe?	100-199	10,001-25,000	More than 100,000
		200-999		
19.	How much do you	<b>√</b> \$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	estimate your assets to be worth?	\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
		\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	More than \$50 billion
	Harrish da rar		\$4.000.004.\$40W	#500 000 004 #4 hilliam
20.	How much do you estimate your liabilities	✓\$0-\$50,000 \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	to be?	\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
lya, ales	د وسيره و مسر م	\$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion
₽P.	irt 7:	******		
Fo	or you	correct.	d I declare under penalty of perjury that th	·
			apter 7, I am aware that I may proceed, if a understand the relief available under each	• • • •
			I I did not pay or agree to pay someone when the notice required by 11 U.S.C. §	
		I request relief in accordance wit	h the chapter of title 11, United States Coo	le, specified in this petition.
			ement, concealing property, or obtaining m It in fines up to \$250,000, or imprisonment nd 3571.	
		Signature of Debtor 1	Signature	of Debtor 2

Official Form 101

Executed on  $\frac{D4}{MM} \frac{02}{100} \frac{2019}{100}$ 

Executed on MM / DD /YYYY

Debtor	1

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Case number	(if known)	

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal onsequences?

No 1/Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No Ves

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy

☑ No

Yes. Name of Person Attach

and Signature (Official Form 119).

MM / DD / YYYY

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of Debtor 2 Date Date

Contact phone

Cell phone Cell phone

Email address Email address

page 8

Contact phone

Certificate Number: 15725-MIE-CC-032623878



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>April 5, 2019</u>, at <u>11:16</u> o'clock <u>AM EDT</u>, <u>Erica Gregory</u> received from <u>001 Debtorcc</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Eastern District of Michigan</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date:	April 5, 2019	By:	/s/Hema Omapersaud
		Name:	Hema Omapersaud
		Title:	Issuer

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case	
Debtor 1 Exica Gregory	
First Name Midd Name Last Name  Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: District of  Case number	☐ Check if this is an
(If known)	amended filing
Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical In	formation 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible f information. Fill out all of your schedules first; then complete the information on this form. If you are filing amend your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets
Schedule A/B: Property (Official Form 106A/B)	Value of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	s 5500
1c. Copy line 63, Total of all property on Schedule A/B	s_5500
Part-2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$ 48840
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	s
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 15,645
Your total liabilitie	s \$ <u>33,2167</u>
Pan 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	22
Copy your combined monthly income from line 12 of Schedule I	s 2600
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J	s 2600 s 2500

Deb	otor 1 Cas	se number (# known)	
Pa	nt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form	rm to the court with your othe	er schedules.
7.	What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	ses. 28 U.S.C. § 159.	
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; , Form 122B Line 11; , Form 122C-1 Line 14.	come from Official	s_2600
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:		
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	s	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	sO	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	<u> 5879</u>	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	sO	

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

Fill in this information to identify your case and this	ofiling: [		
6			
Debtor 1 First Name Article Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: District	tof		
Case number			Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Property	V		12/15
In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If mowrite your name and case number (If known). Answers Part 1: Describe Each Residence, Building,	te and accurate as possible. If two married people ore space is needed, attach a separate sheet to th	e are filing together, bo is form. On the top of a	th are equally
1. Do you own or have any legal or equitable interest.  No. Go to Part 2.	st in any residence, building, land, or similar prop	erty f	
Yes. Where is the property?			
	What is the property? Check all that apply.	Do not deduct secured cla	
1.1.	☐ Single-family home ☐ Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	☐ Land Investment property	\$	\$
City State ZIP Code	☐ Timeshare	Describe the nature	
only out 21 code	Other	interest (such as fee the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it property identification number:	em, such as local	
If you own or have more than one, list here:			
	What is the property? Check all that apply.	Do not deduct secured cla	
1.2.	Single-family home  Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	☐ Land ☐ Investment property	\$	\$
	Timeshare	Describe the nature of	
City State ZIP Code	☐ Other	interest (such as fee the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is co	mmunity near-ty
	At least one of the debtors and another	(see instructions)	mmumty property
	Other information you wish to add about this ite property identification number:		

Debtor	1 First Name Middle Name Xast Name	Case number (if known)		
1.3	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D: ns Secured by Property.
		Manufactured or mobile home	entire property:	portion you own?
		Land	\$	\$
		Investment property	Describe the nature of	of your ownership
	City State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.	-	
	County	Debtor 1 only		
	,	Debtor 2 only	☐ Check if this is co	mmunity property
		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(see instructions)	manumity property
		Other information you wish to add about this ite property identification number:		
		II of your entries from Part 1, including any entrie		\$ D
you	The detablication of the first trace that the moon			
ou owi	n that someone else drives. If you lease a vehicles, vans, trucks, tractors, sport utility vehicles	st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts, motorcycles		S
you ow	n that someone else drives. If you lease a vehicles, vans, trucks, tractors, sport utility vehicles	e, also report it on Schedule G: Executory Contracts		5
/ou owi	n that someone else drives. If you lease a vehicles, vans, trucks, tractors, sport utility vehicles  No  Yes	e, also report it on Schedule G: Executory Contracts		
/ou owr 3. Car	n that someone else drives. If you lease a vehicles  k, vans, trucks, tractors, sport utility vehicles  No  Yes  Make:	le, also report it on <i>Schedule G: Executory Contracts</i> s, motorcycles	and Unexpired Leases.  Do not deduct secured clathe amount of any secure	aims or exemptions. Put d claims on <i>Schedule D</i> :
/ou owi	n that someone else drives. If you lease a vehicles  vans, trucks, tractors, sport utility vehicles  No  Yes  Make:  Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	and Unexpired Leases.  Do not deduct secured clathe amount of any secured Claim	sims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
/ou owi	that someone else drives. If you lease a vehicles, vans, trucks, tractors, sport utility vehicles  No Yes  Make:  Model:  Year:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. <b>Current value of the</b>
/ou owi	that someone else drives. If you lease a vehicles  vans, trucks, tractors, sport utility vehicles  No  Yes  Make:  Model:  Year:  Approximate mileage:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	and Unexpired Leases.  Do not deduct secured clathe amount of any secured Claim	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
/ou owi	that someone else drives. If you lease a vehicles, vans, trucks, tractors, sport utility vehicles  No Yes  Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the portion you own?
you owi	that someone else drives. If you lease a vehicles  vans, trucks, tractors, sport utility vehicles  No  Yes  Make:  Model:  Year:  Approximate mileage:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the
you owi	Make:  Mapproximate mileage:  Other information:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the portion you own?
you owi	that someone else drives. If you lease a vehicles  vans, trucks, tractors, sport utility vehicles  No  Yes  Make:  Model:  Year:  Approximate mileage:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the portion you own?
you owi	Make: Model: Mapproximate mileage: Other information:  Mown or have more than one, describe here:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured cla	sims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Jou own	Make: Model: Mapproximate mileage: Other information:  Mown or have more than one, describe here:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
you own 3. Care 1. 3.1.	Make:  Approximate mileage:  Other information:  Make:  Mown or have more than one, describe here:  Make:  Make:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Claim	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Jou own	Make: Approximate mileage: Other information:  Make: Model: Year: Approximate mileage: Make: Model: Model: Year: Approximate mileage: Other information:  Make: Model: Year: Approximate mileage: Model: Model: Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secured.	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
you own 3. Care 1. 3.1.	Make: Approximate mileage: Other information:  We own or have more than one, describe here:  Make: Make: Model:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the	sims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$

3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
		Debtor 2 only	Creditors vino riave Clair	ns decured by 1 toperty.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:			
		☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
	Year:	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	entire property:	portion you own.
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
4.1.		Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	Creditors Who Have Clair	
	Year:	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Other information:	At least one of the debtors and another	entire property?	portion you own?
		☐ Check if this is community property (see instructions)	\$	\$
If you	own or have more than one, list here			
•	·		Do not deduct secured cla	aims or exemptions. Put
If you 4.2.	Make:	:  Who has an interest in the property? Check one.	the amount of any secure	d claims on Schedule D:
•	Make:		Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
•	Make:	:  Who has an interest in the property? Check one.  Debtor 1 only	the amount of any securer Creditors Who Have Clain Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the
•	Make:	:  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	the amount of any secure Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property.
•	Make: Model: Year:	:  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any securer Creditors Who Have Clain Current value of the	d claims on Schedule D: ns Secured by Property. Current value of th

Evica Caregory
From Name Middle Name Last N

Case number (if known)\_

# Part-3: Describe Your Personal and Household Items

Do	you own or have any l	legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and	furnishings	
	-	nces, furniture, linens, china, kitchenware	
	No Yes. Describe	Sofa and toble set, Dinning toble and charks, bedroom sets, kitchen store and faidge, linens, cookurre	\$ 3000
7.	Electronics		'
	collections; e	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games	
	No Yes. Describe	TU, DUD player, and stereo system, computer	s <u>1500</u>
В.	Collectibles of value	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects;	
		or baseball card collections; other collections, memorabilia, collectibles	
	Yes. Describe		<b>s</b>
9.	Equipment for sports a	and hobbies	٠
	and kayaks;	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
	No Yes. Describe		
			J *
	Firearms  Examples: Pistols, rifles, No	s, shotguns, ammunition, and related equipment	
	Yes. Describe		\$
	□ No	othes, furs, leather coats, designer wear, shoes, accessories	
	Yes. Describe	Everyday clothes and auterweap	\$ 1000
	Jewelry Examples: Everyday jew gold, silver	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	7
	Yes. Describe	·	\$
	Non-farm animals  Examples: Dogs, cats, b	pirds, horses	
	☑ No ☐ Yes. Describe		\$
14	Any other personal and	d household items you did not already list, including any health aids you did not list	
	Yes. ve specific information		\$
		f all of your entries from Part 3, including any entries for pages you have attached umber here	\$ 5500

Debtor	
Deploi	

ß		^		
٠,٠٠٠	cer	breg	we	
First Name	Middle Na	me	Last Name	-

## Part 4: Describe Your Financial Assets

Do you own or have ar	ny legal or equitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. Cash  Examples: Money you	ou have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your petition	1
☐ Yes			<b>\$</b>
17. Deposits of money  Examples: Checking and other	, savings, or other financial accou similar institutions. If you have rr	ints; certificates of deposit; shares in credit unions, brokerage ho ultiple accounts with the same institution, list each.	uses,
☐ No ☐ Yes		Institution name:	
103	•		
	17.1. Checking account:	Fifth Third Bonk	
	17.2. Checking account:	Navy Federal Credit Union	\$O
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		\$
	17.9. Other financial account:		<b></b> \$
•	s, or publicly traded stocks ls, investment accounts with brok Institution or issuer name:	erage firms, money market accounts	
19. Non-publicly traded an LLC, partnership		rated and unincorporated businesses, including an interest	in
□ No	Name of entity:	% of ownership	):
Yes. Give specific information about			\$
them			<u> </u>
	<del></del>		\$

Negotiable instruments in	rate bonds and other negotiable and non-negotiable instruments nolude personal checks, cashiers' checks, promissory notes, and money orders. In a rethose you cannot transfer to someone by signing or delivering them.	
₩ No		
Yes. Give specific	Issuer name:	
information about them		\$
u le m		\$
		\$
		<u> </u>
21. Retirement or pension  Examples: Interests in IF  No  Yes. List each	accounts A, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
account separate	Type of account: Institution name:	
	401(k) or similar plan:	\$
		\$
	Pension plan:	
	IRA:	\$
	Retirement account:	\$
	Keogh:	\$
	Additional account:	\$
	Additional account:	\$
companies, or others	vith landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
₩ No		
☐ Yes	Institution name or individual:	
	Electric:	\$
	Gas:	\$
	Heating oil:	\$
	Security deposit on rental unit:	\$
	Prepaid rent:	\$
	Telephone:	\$
	Water:	\$
	Rented furniture:	¢
	Other:	\$ &
	Other:	\$ \$
	Other:  a periodic payment of money to you, either for life or for a number of years)	\$
□ No		\$ \$
		\$
□ No	a periodic payment of money to you, either for life or for a number of years)	\$ \$ . \$

24. Interests in an education IRA 26 /J.S.C. §§ 530(b)(1), 529A(		ount in a qualified ABLE program, or under a qualified state tultion program. b)(1).	
☐ No			
☐ Yes	Institution r	name and description. Separately file the records of any interests.11 U.S.C. § 521(c)	:
			\$
			\$
			\$
25. Trusts, equitable or future in exercisable for your benefit		roperty (other than anything listed in line 1), and rights or powers	
□ No			7
Yes. Give specific			ĺ
information about them			\$
26.			
	mes, website	es, proceeds from royalties and licensing agreements	
☑ No			-
Yes. Give specific			
information about them			\$
27. Licenses, franchises, and ot	her general	intannihlos	
·	•	nses, cooperative association holdings, liquor licenses, professional licenses	
<b>⊕</b> №			
☐ Yes. Give specific			
information about them			\$
	_		
Money or property owed to you	· •		Current value of the portion you own? Do not deduct secured
			claims or exemptions.
28. Tax refunds owed to you			
M <sub>0</sub> N <sub>0</sub>	. i		
Yes. Give specific informate about them, including		Federal:	<b>5</b>
you already filed the r	returns	State: S	<u> </u>
and the tax years	•••••	Local:	5
29. Family support			
1 '	um alimony,	spousal support, child support, maintenance, divorce settlement, property settlement	nt
Mo No			
Yes. Give specific information	tion	Alimony:	\$
		Maintenance:	\$
		Support:	\$
		Divorce settlement:	\$
		Property settlement:	\$
	ability insura	nce payments, disability benefits, sick pay, vacation pay, workers' compensation,	
D No			
Yes. Give specific information	tion		
			1 5

31. Interests in insurance policies			
Examples: Health, disability, or life insurar	ice; health savings account (HSA)	); credit, homeowner's, or renter's insurance	
☑ No			
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
			\$
			\$
			•
			<b>a</b>
32. Any interest in property that is due you If you are the beneficiary of a living trust, or property because someone has died.		nce policy, or are currently entitled to receive	
Yes. Give specific information			
			\$
<ul><li>33. Claims against third parties, whether or Examples: Accidents, employment dispute</li><li>No</li></ul>	es, insurance claims, or rights to s	ue	
Yes. Describe each claim			
			\$
34. Other contingent and unliquidated claim torset off claims  No	ns of every nature, including co	unterclaims of the debtor and rights	
Yes. Describe each claim			_
Tes. Describe each claim	i		\$
35. Any financial assets you did not already  No  Yes. Give specific information	-		\$
36. Add the dollar value of all of your entrie	, ,	tries for pages you have attached	. 0
ior Part 4. Write that number here			<b>4</b>
Part 5: Describe Any Business-	Related Property You Ov	vn or Have an Interest In. List any r	eal estate in Part 1.
37. Do you own or have any legal or equital	ble interest in any business-rela	ated property?	
No. Go to Part 6.			
Yes. Go to line 38.			
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions ye	ou already earned		
□ No			
☐ Yes. Describe			
			\$
39. Office equipment, furnishings, and sup			
	•	nines, rugs, telephones, desks, chairs, electronic devices	
□ No	·		
Yes. Describe			
			<b>3</b>

	<b>J</b>		
, •.	quipment, supplies you use in business, and tools of your trade		
Q No			<del>-</del> ,
Yes. Describe			\$
L			_]
41. Inventory			
Yes. Describe			\$
ŧ.			_]
42. Interests in partnersh	ips or joint ventures		
☐ No			
Yes. Describe	Name of entity:	% of ownership:	
		%	\$
		<del></del> %	\$
		 %	\$
_	g lists, or other compilations		
□ No			
•	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	,	
☐ No ☐ Yes. Desc			-1
Tes. Desc	пое		\$
	property you did not already list		
□ No			
Yes. ve specific information			\$
			\$
			\$
			\$
			•
			\$
		<del></del>	\$
45. Add the dollar value o	of all of your entries from Part 5, including any entries for pages you have attac	ched	s D
for Part 5. Write that r	number here	→	<u> </u>
The grade			
	ny Farm- and Commercial Fishing-Related Property You Own or Have have an interest in farmland, list it in Part 1.	an Interest In	<b>.</b>
ii you owii oi	mave an interest in farmand, list it in Part 1.		· · · · · · · · · · · · · · · · · · ·
46. Do vou own or have a	ny legal or equitable interest in any farm- or commercial fishing-related proper	rtv?	
No. Go to Part 7.	ny regar or equitable misroot in any farin or commercial norming related proper	·9·	
Yes. Go to line 47.			
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
17. Farm animals			
Examples: Livestock, p	oultry, farm-raised fish		
□ No			-1
Yes			
			s
•			

Case number (# known)\_

Debtor 1 Frist Name Middle Name Last Name	Case number (# known)	
Pest name Madre Name C Last reque		
8. Crops—either growing or harvested		
□ No		
Yes. Give specific information		\$
<u> </u>		9
<ol> <li>Farm and fishing equipment, implements, machinery</li> <li>No</li> </ol>		
☐ Yes		
		\$
0. Farm and fishing supplies, chemicals, and feed		
□ No		
☐ Yes		
		\$
<ol> <li>Any farm- and commercial fishing-related property y</li> <li>No</li> </ol>	•	
Yes. ve specific		
information		\$
2. Add the dollar value of all of your entries from Part 6	· · · · · · · · · · · · · · · · · · ·	s ()
for Part 6. Write that number here		<b>&gt;</b>
art 7: Describe All Property You Own or	Have an Interest in That You Did Not List A	Above
3. Do you have other property of any kind you did not a	Chandle link?	<del> </del>
Examples: Season tickets, country club membership	aneauy nstr	
Ū∕ No		•
Yes. ve specific information		\$
		\$
<u> </u>		
4. Add the dollar value of all of your entries from Part 7	7. Write that number here	<b>→</b> \$ 0
art 8: List the Totals of Each Part of this	s Form	
	· · · · · · · · · · · · · · · · · · ·	<b>.</b> . O
5. Part 1: Total real estate, line 2		
6. Part 2: Total vehicles, line 5	\$ <u> </u>	
7. Part 3: Total personal and household items, line 15	<u>\$ 5500</u>	
8. Part 4: Total financial assets, line 36	\$ O	
9. Part 5: Total business-related property, line 45	\$ D	
60. Part 6: Total farm- and fishing-related property, line	<u> </u>	
1. Part 7: Total other property not listed, line 54	+sO	
2. Total personal property. Add lines 56 through 61	\$ 5500 Copy personal property	total → +s 5500
	Sopy personal property	
A T-A-1 - \$ -11		<u> </u>
3. Total of all property on Schedule A/B. Add line 55 + lin	ne 62	<u>\$ 5500</u>

. Ellis deles	nformation to identify your case:			
* *Filirin this ii	0			
Debtor 1	First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing	First Name Middle Name	Last Name		
	Bankruptcy Court for the: [			
Case number				☐ Check if this is a
(If known)				amended filing
Official I	Form 106C			
Sched	dule C: The Pro	perty You	Claim as Exempt	04/19
Using the prop space is need	perty you listed on Schedule A/B: Pro	perty (Official Form 106/	gether, both are equally responsible for s VB) as your source, list the property that additional Page as necessary. On the top	you claim as exempt. If more
specific dollar of any application retirement fur limits the exe	ar amount as exempt. Alternatively, able statutory limit. Some exemption ands may be unlimited in dollar an	, you may claim the full ons such as those for nount. However, if you nt and the value of the	mount of the exemption you claim. Or fair market value of the property being health aids, rights to receive certain b claim an exemption of 100% of fair ma property is determined to exceed that	g exempted up to the amount penefits, and tax-exempt rket value under a law that
Part 1:	dentify the Property You Clain	n as Exempt		
🗹 You	et of exemptions are you claiming? are claiming state and federal nonbar are claiming federal exemptions. 11 t	nkruptcy exemptions. 11	· ·	
2. For any	property you list on Schedule A/B t	that you claim as exem	pt, fill in the information below.	
	escription of the property and line on life A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief descripti Line fror <i>Schedul</i>	m ,	\$ 3000	図象 <u>3000</u> 100% of fair market value, up to any applicable statutory limit	600.5457(1)(c)
Brief descripti	ion: Electronics	\$ 1500	<b>1</b> 500_	
Line from	m		100% of fair market value, up to any applicable statutory limit	600.5451(1)(c)
Brief	Clothing	\$ 1600	R's 1000	
descripti Line fror Schedul	n i		100% of fair market value, up to any applicable statutory limit	600.5451(1)(a)
(Subject		years after that for case	es filed on or after the date of adjustment.	)

No Yes

First Name Middle Name Lest Name

Case number (# known)\_\_\_\_\_

# Part 2:

# **Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:	\$	100% of fair market value, up to any applicable statutory limit	600.5311
Brief description: Navy Federal Line from Schedule A/B:	s	100% of fair market value, up to any applicable statutory limit	600.53H
Brief description:  Line from Schedule A/B:	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule A/B:	\$	\$  \$ 100% of fair market value, up to any applicable statutory limit	
Brief description:  Line from	\$	\$ 100% of fair market value, up to	
Schedule A/B:  Brief description:  Line from Schedule A/B:	\$	any applicable statutory limit  □ \$  100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	

Debtor 1					
Debtor 2 (topose, fring) Firstware United States Barkrupkey Court for the:  District of		State of the state			
Check if this is in amended filing   Textures   Column   Check if this is in amended filing	Debtor 1 Erica Greeure First Name Widdle N	nc Last Name			
Case number   Ca		ame Last Name			
Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Base complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct intermination appears and accurate by your property?  12/15  Base complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct intermination accurate by your property?  1. Do any creditors have claims accured by your property?  1. Do any creditors have claims accured by your property?  2. Do. Check this box and submit his form to the court with your other schedules. You have nothing else to report on this form.  Possible List All Secured Claims  2. List all secured claims. If a creditor have not than one secured claim, list the orditor separately for seed claims. If more than one prodition has a particular claim, led the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2. Column A mount of claim by the creditor have not the control than one secured claims. If the orditor separately are creditor in the control responsibility of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  2. Column B Value of collectors of the creditor's name.  3. Column B Value of collectors of the creditor's name.  4. As of the date you file, the claim is: Check all that apply.  2. Column B Value of collectors of the creditor's name.  3. Column B Value of collectors of the creditor's name.  4. As of the date y	United States Bankruptcy Court for the:	District of			
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Schedule D: Creditors Who Have Claims Secured by Property  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional page, with gour name and case number (if known).  1. Do any creditors have claims secured by your property?    Do, Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Part 1				amende	ed filing
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As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Last 4 digits of account number  Last 4 digits of account number  As of the date you file, the claim is: Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Other (including a right to offset)  Describe the property that secures the claim:  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Who gwes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 3 only Check if this claim relates to a community debt Dete debt was incurred  Last 4 digits of account number  Check if this claim relates to a community debt Dete debt was incurred  Last 4 digits of account number  Last 4 digits of account number  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Check if this claim relates to a community debt Detect 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only De	Credit Acceptance	Describe the property that secures the claim:	s 6127	s	\$
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Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 1 and Pebtor 2 only   Debtor 1 and Debtor 3 and another   Date debt was incurred   Describe the property that secures the claim:   Size   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Describe the property that secures the claim:   Size   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 3 came of the debtors and another   Debtor 4 debt was incurred   Debtor 4 degree and another   Debtor 2 only   Debtor 3 came and another   Debtor 4 degree and another   Debtor 5 degree and another   Debtor 5 degree and another   Debtor 6 degree and another   Debtor 8 degree and another   Debtor 9 degree and anot	<u> </u>				
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At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number  Last 4 digits of account number  Describe the property that secures the claim:  Creditor's Name  Doboxy 181145  Namber Street  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number  Last 4 digits of account number	·				
Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number  2.2  Credior's Name  Obout 181145  Namber Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Who owes the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number  Last 4 digits of account number					
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As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Who gwes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number	Namber Street				
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Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number	Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred Last 4 digits of account number	_				
At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred Last 4 digits of account number					
U Check if this claim relates to a community debt  Date debt was incurred Last 4 digits of account number	_	Judgment lien from a lawsuit			
1 ,7 623 1		Other (including a right to offset)	-		
	······		L :41672	1	

First Name Middle Name  Additional Page	Last Name			
After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecure portion If any
Inholade adealit	Describe the property that secures the claim:	\$ (0000)	_ \$:	\$
Creditor's Name 1546 Liberty St. Number Street	-			
Canton Mt 44188  City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed	J		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Number Street		<u>~</u>		
	As of the date you file, the claim is: Check all that apply.  Contingent			
	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only .	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit  Other (including a right to offset)			
Check if this claim relates to a community debt	Other (including a right to offset)	•		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		]		
Number Street	-			
	- As of the date you file, the claim is: Check all that apply.	•		
014 - 7/D 0 d	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt  Date debt was incurred	Last 4 digits of account number			
			7	
Add the dollar value of your entrie	es in Column A on this page. Write that number here:	s	1	

1 i	First Name	Middle Name	Last Name		Case number (# known)
t 2:	List Oth	ers to Be Noti	fied for a Debt	That You Aiready	, Listed
this pag ncy is try have mo	e only if you	ou have others to ect from you for e creditor for an	be notified about a debt you owe to	your bankruptcy for someone else, list th you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection le creditor in Part 1, and then list the collection agency here. Similar ist the additional creditors here. If you do not have additional perso
					On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
Number	Street				_
City			State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
Number	Street				_
City			State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
Number	Street				_
City			State	ZIP Code	- -
					On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
					_

Dogan 2 oFiled 04/22/19 Entered 04/22/19 13:33:18 Page 25 of 58 \_\_\_ of \_\_\_ Official Form 90646073-pjs

ZIP Code

ZIP Code

ZIP Code

On which line in Part 1 did you enter the creditor?

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number \_

Last 4 digits of account number \_

State

State

State

City

Name

Number

City

Name

Number

City

Street

Street

Fill in this information to identify your case:	en al antigen de la companya de la c				
Debtor 1 Exica Gregory					
First Name Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Namo				
United States Bankruptcy Court for the: Distr	ict of				
Case number(If known)					k if this is an nded filing
Official Form 106E/F	O 11 11	I OIi	_		
Schedule E/F: Creditors W	no mave unsecur	ea Claim	S 		12/15
Be as complete and accurate as possible. Use Part List the other party to any executory contracts or under Property (Official Form 106A/B) and on Scheduler Creditors with partially secured claims that are listed needed, copy the Part you need, fill it out, number that any additional pages, write your name and case number 1:  Part 1: List All of Your PRIORITY Unsecured.	nexpired leases that could result in ule G: Executory Contracts and Und d in Schedule D: Creditors Who Ha he entries in the boxes on the left. mber (if known).	a claim. Also list expired Leases (Of ve Claims Secured	executory co ficial Form 10 If by Property	ntracts on So 16G). Do not i . If more space	chedule include any ce is
- Kent Connection					
<ol> <li>Do any creditors have priority unsecured claims</li> <li>No. Go to Part 2.</li> <li>Yes.</li> </ol>	s against you?				
<ol> <li>List all of your priority unsecured claims. If a creeach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of the continuation.</li> </ol>	a claim has both priority and nonpriori laims in alphabetical order according Part 1. If more than one creditor holds	ty amounts, list that to the creditor's nan a particular claim, l	claim here ar ne. If you have	d show both permore than tw	oriority and vo priority
(For an explanation of each type of claim, see the in	nstructions for this form in the instructi	•	Total claim	Priority	Nonpriority
$\overline{}$			i Otal Cialili	amount	amount
2.1	Last 4 digits of account number	\$		\$	\$
Priority Creditor's Name	_	<del> </del>			
Number Street	When was the debt incurred?				
	As of the date you file, the claim is:	Check all that apply			
City Code 7/D Code	☐ Contingent				
City State ZIP Code	Unliquidated				
Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed				
Debtor 2 only	Type of PRIORITY unsecured cla	im:			
Debtor 1 and Debtor 2 only					
At least one of the debtors and another	<ul> <li>Domestic support obligations</li> <li>Taxes and certain other debts you o</li> </ul>	we the severement			
☐ Check if this claim is for a community debt	Claims for death or personal injury v	•			
Is the claim subject to offset?	intoxicated	ville you were			
□ No	Other. Specify				
☐ Yes					
2.2	Last 4 digits of account number	s		\$	\$
Priority Creditor's Name	When was the debt incurred?			. <b>*</b>	- <b>Y</b>
Number Street	As of the date you file, the claim is:	Check all that anniv			
	Contingent	Oneon an trat appry			
City State ZIP Code	☐ Unliquidated				
Who incurred the debt? Check one.	☐ Disputed				
Debtor 1 only	,	•			
Debtor 2 only	Type of PRIORITY unsecured cla	ım:			
Debtor 1 and Debtor 2 only	Domestic support obligations				
At least one of the debtors and another	Taxes and certain other debts you o	-			
Check if this claim is for a community debt	Claims for death or personal injury vintoxicated	vnile you were			
ls the claim subject to offset? ☐ No	Other. Specify				
□ v					

n	_	<b>L</b>		4


Case number				
Jase number	(If KNOWN)			

listing any entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprior amount
	Last 4 digits of account number	\$	\$	_ \$
Priority Creditor's Name	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
<b>,</b>	☐ Disputed			
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:			
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
s the claim subject to offset? □ No				
⊒ No ⊒ Yes				
Priority Creditor's Name	Last 4 digti: of account number	\$	\$	. \$
Fronty Creditor's Name	When was the debt incurred?			
Number Street	The state of the desired state of the state			
<del></del>	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
_	Type of PRIORITY unsecured claim:			
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
_	☐ Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
□ No □ Yes				
	Last 4 digits of account number	\$	\$	_ \$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State Zi Gode	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	••			
Debtor 1 and Debtor 2 only	Domestic support at lightlinks  Taxes and certain or er lights you owe the government			
At least one of the debtors and another	Claims for death or particular injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
is the claim subject to offset?	Other. Specify			
•				
□ No				

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Circt Name	Middle Name	

Case number (if known)	

### Part 2:

## **List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

	$\hfill \square$ No. You have nothing to report in this part. Submit this form to the Yes	e court with your other schedules.				
4.	List all of your nonpriority unsecured claims in the alphabetical nonpriority unsecured claim, list the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, claims fill out the Continuation Page of Part 2.	<ul> <li>For each claim listed, identify what type of claim it is. Do not</li> </ul>	t list c	claims	s alread	dy red
	1		T	otal cl	aim	
4.1	Dept of ED/Abet	Last 4 digits of account number	s	58	79	
	Nonpriority Creditor's Name  3015 John Rd, Sty 400  Number Street	When was the debt incurred?	-			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
		☐ Contingent				
	Who incurred the debt? Check one.	Unliquidated				
	Debtor 1 only	Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	3			
	<u></u>	Other. Specify				
	☐ Yes					
4.2	Henry Ford Hospital	Last 4 digits of account number	\$	le, 1	100	
	Nonpriority Creditor's Name	When was the debt incurred?		•		
	,	<del></del>				
	Number Street	As of the date year file the claim is Cheek all that such				
	Detroit M. City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
	City State Zir Code	Contingent				
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed				
	Debtor 1 only	■ Disputed				
	Debtor 2 only	Type of NONPRIORITY unsecured claim:				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans				
	_	Obligations arising out of a separation agreement or divorce				
	Check if this claim is for a community debt	that you did not report as priority claims				
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	\$			
	Ø No	Other. Specify				
	Yes					
4.3	Verizon Wireless	Last 4 digits of account number		6	720	
	Nonpriority Creditor's Name	When was the debt incurred?	<b>\$</b>		2/	
	1045 Me of the Americans	<del></del>				
	Number Street					
	City State ZIP Code	- As of the date you file, the claim is: Check all that apply.				
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
	☐ At least one of the debtors and another					
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce</li></ul>				
	Is the claim subject to offset?	that you did not report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts	š			
	Yes	Other. Specify				
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Case number (if known)\_

# Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
AT + T	Last 4 digits of account number	\$ 1300
Nonpriority Creditor's Name  2085 RKANST	When was the debt incurred?	
Number Street TX 75202	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
☑ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		
NTG Energy	Last 4 digits of account number	\$ 3000
Nonpriority Creditor's Name  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	When was the debt incurred?	
Number Street & 12 Web 2106	- As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	☐ Unliquidated	
Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?	Other. Specify	
□ No □ Yes		
Campast	Last 4 digits of account number	s /0(X)
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street Street	- As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		

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First Name

Middle Name

Last Name

Case number (if known)\_\_\_\_\_

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# Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4	.4, followed by 4.5, and so forth.	Total claim
Purchasing Power	Last 4 digits of account number	s 2500
1349 W. Rechtvee St , Ste 1100	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code  Who incurred the debt? Check one.	Contingent Unliquidated Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes	, , , , , , , , , , , , , , , , , , , ,	
Direct TV	Last 4 digits of account number	s 900
Nonpriority Creditor's Name  22300 & Imperial Huy	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
- V	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		
Lisetime Fitness	Last 4 digits of account number	s 900
Nonpriority Creditor's Name Leyy 2 Cita V. Parkway	When was the debt incurred?	
Eden Praire MN 55344	As of the date you file, the claim is: Check all that apply.	
ony / State ZIP Code /	Contingent Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	<b>-</b>	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		
		<del></del>

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## Part 2: List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against you No. You have nothing to report in this part. Submit this form to the Yes		
4.	List all of your nonpriority unsecured claims in the alphabetical nonpriority unsecured claim, list the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, claims fill out the Continuation Page of Part 2.	n. For each claim listed, identify what type of claim it is. Do not l	list claims already
			Total claim
4.1	('Domnunity Chour Gradit Union	Last 4 digits of account number	s 508
	Nonpriority Creditor's Name  3/155 Northwisten Huly Ste /14  Number Street	When was the debt incurred?	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Miles I accordate de Maria and	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes		
4.2	1.1. Chairl Ac-10	Last 4 digits of account number	s 1500
4.2	John Steinburg: HSSO.	When was the debt incurred?	
	17515 W. 9 mile rd Ste 420		
	Number Street	•	
	Southfield mi 4802	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☑ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Tune of NONDRIGRITY unsecured elaims	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes		
4.3	1 1001/1		00
	Nonpriority Creditor's Name	Last 4 digits of account number	\$ 900
	12920 SE & A ST	When was the debt incurred?	
	Number Street	-	
	Bellevie iff 9804 City State ZIP Code	- As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	Contingent	
	Debtor 1 only	Unliquidated	
	Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	_ <u>-</u> -	
	☐ Check if this claim is for a community debt	<ul> <li>         ☐ Student loans     </li> <li>         ☐ Obligations arising out of a separation agreement or divorce     </li> </ul>	
		that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	☐ NO	Other. Specify	
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# Part 3: List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Charleson) Departs Conditions with Drivetty Unconvend Claims
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Manipai	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			· · · · · · · · · · · · · · · · · · ·	_
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
				Claims Claims
City		State	ZIP Code	Last 4 digits of account number
Name a				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
		<u>-</u>		Last 4 digits of account number
City		State	ZIP Code	Last 4 digits of account number
Name	<del></del>			On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
10110				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name			<del></del>	On which entry in Part 1 or Part 2 did you list the original creditor?
			<del></del>	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		-	Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	7IP Code	Last 4 digits of account number

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claims** from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.
- **Total claims** from Part 2
- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- Total claim
- 6a.
- 6b.
- 6c.
- 6d.
- 6e.

### Total claim

- 6f.
- 6g.
- 6h
- 6j

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Del	DIOL	

		_	_	_		
•	-	•		9	3	•

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Case Hulliber	(a Kilowiq	 	

	First Name Middle Name Last Name				
	t 1: Your PRIORITY Unsecured Claims		24 akt/		
Afte	er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	Miles and the debt in annual D			
	Number Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	☐ At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
	Is the claim subject to offset?				
	□ No				
	Yes				
		Last 4 digits of account number	s	\$	S
	Priority Creditor's Name	Last 4 digits of account number			
	Number Street	When was the debt incurred?			
	Number Steet	As of the date you file, the claim is: Check all that apply.			
		_			
	City State ZIP Code	☐ Contingent ☐ Unliquidated			
	City State ZIP Code	☐ Disputed			
	Who incurred the debt? Check one.	_ 5,055,055			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the plaim cubiest to effect?	Other: Specify			
	Is the claim subject to offset?				
	Yes				
			_		
	Priority Creditor's Name	Last 4 digits of account number	<b>a</b>	\$	<b>a</b>
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated		<del> </del>	
		Other. Specify			

Is the claim subject to offset?

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First Name	Adiddle Mores	 

Case number (if known)	
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# Part 3: List Others to Be Notified About a Debt That You Already Listed

		nout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For m you for a debt you owe to someone else, list the original creditor in Parts 1 or have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the tersons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street	Part 2: Creditors with Nonpriority Unsecured Clain
		Last 4 digits of account number
City	State ZIP Code	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street	☐ Part 2: Creditors with Nonpriority Unsecured
		Claims Last 4 digits of account number
City	State ZIP Code	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
lumber	Street	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
	Street	Claims Part 2: Creditors with Nonpriority Unsecured
City	State ZIP Code	Last 4 digits of account number
ame		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street	Part 2: Creditors with Nonpriority Unsecured Claims
ty	State ZIP Code	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
ame		
umber	Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
		Claims - Claims
ty	State ZIP Code	Last 4 digits of account number
ame		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
ımber	Street	Part 2: Creditors with Nonpriority Unsecured
ly	State ZIP Code	Last 4 digits of account number
	State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
me	<del></del>	
mber	Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
		Claims Claims

Part 4:

## Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

## **Total claims** from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

# **Total claim**

- 6a.
- 6b.

- 6e.

### **Total claim**

### Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f.
- 6g.
- 6h. 0

Fil	l in this in	formation to	identify yo	ur case:													
De	btor	Exica	Care	e or 1													
	btor 2	First Name		Muddle Name		Last Name											
	ouse If filing)	First Name		Middle Name		Last Name											
Un	ited States	Bankruptcy Cou	rt for the:	Dis	trict of	<del></del>											
	se number known)															Check if amended	
																	- ······9
Of	ficial F	Form 10	6G														
Sc	chedu	ule G: I	Execu	itory C	ontr	acts a	nd	Un	ıex	pir	ed l	Lea	se	5			12/15
info	rmation. I	te and accura f more space ges, write you	is needed,	copy the ad-	ditional p	age, fill it ou											ny
1.	<b>☑</b> No. C	ave any exect heck this box Fill in all of the	and file this	form with the	court with	n your other s										iA/B).	
2.	List sepa	rately each p rent, vehicle	erson or c	ompany with	whom yo	ou have the o	contra	act or I	lease.	. Then	state	what e	ach c	ontrac	t or le	ase is for (	
	Person o	r company w	rith whom y	ou have the	contract	or lease			Sta	te wha	at the c	ontra	ct or le	ase is	for		
2.1																	
	Name		<del>.</del>														
	Number	Street															
		Jueet															
	City		Sta	te ZIP Code	• 									·			
2.2	Name																
1	Number	Street															
1	City		Sta	40 7ID Cod													
2.3	City		Sta	te ZIP Code													
:	Name	<u>-</u>															
	Number	Street			·												
	City		Sta	te ZIP Code	)	., .,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						* 1 ****		~ ~ ~ ~ ~ ~	, <del>.</del>		
2.4																	
	Name																
	Number	Street															
	City		Sta	te ZIP Code	<u> </u>												
2.5				processor and the state of the													
	Name																
1	Number	Street	<u>.</u>														
	<del></del>																

Fill in this information to identify your appar	
- Fill in this information to identify your case:	
Debtor 1 Car	
Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: District of	
Case number	
(If known)	☐ Check if this is an
	amended filing
Official Form 106H	
Schedule H: Your Codebtors	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be as are filing together, both are equally responsible for supplying correct information. If me and number the entries in the boxes on the left. Attach the Additional Page to this page case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a No No Ye  2. Within the last 8 years, have you lived in a community property state or territory? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washin No. Go to line 3.  Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  No Yes. In which community state or territory did you live? For Name of your spouse, former spouse, or legal equivalent	ore space is needed, copy the Additional Page, fill it out, e. On the top of any Additional Pages, write your name an a codebtor.)  Community property states and territories include agton, and Wisconsin.)
Number Street	
City State ZIP Code	
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor	Make sure you have listed the creditor on G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:
3.1	Schedule D, line
Name	☐ Schedule E/F, line
Number Street	Schedule G, line
City State ZIP Code	<u> </u>
3.2	
Name	Schedule D, line
	Schedule E/F, line
Number Street	Schedule G, line
City State ZIP Code	<del></del>
3.3	Schedule D, line
Name	Schedule E/F, line
Number Street	Schedule G, line

State

City

Fill in this information to identify	your case:		•	•	
Debtor 1 Erica Cu	-egory	Lest Name		-	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		-	
United States Bankruptcy Court for the:	District or				
Case number(If known)					f this is:
					amended filing upplement showing postpetition chapter 13
					me as of the following date:
Official Form 106I				MM	/ DD / YYYY
Schedule I: You	ır Income				12/15
supplying correct information. If yo	ou are married and not fil ise is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	ur spo ormati	use is living with on about your s	btor 2), both are equally responsible for h you, include information about your spouse. pouse. If more space is needed, attach a if known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employ	ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		UniseKo	0 (00	~	
Occupation may include student or homemaker, if it applies.	Occupation	Trouserie	<u>up u</u>	<u> </u>	
or nomemaker, in it applies.	Employer's name	Compas	ss (	n Traus	
	Employer's address	Houseke Compas 2400 You	, Lm	on t Rd	
		Number Street			Number Street
		Charlotte,	UC State	28317 ZIP Code	City State ZIP Code
	How long employed the	ere? ques			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of	the date you file this for	m. If you have noth	ing to r	eport for any line,	write \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse hat below. If you need more space, a	ave more than one employ		rmatio	n for all employer	s for that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
<ol><li>List monthly gross wages, sal deductions). If not paid monthly,</li></ol>			2.	s_3200	\$
3. Estimate and list monthly over	time pay.		3.	+\$	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$ 3200	\$

ገሶ	hto	- 1	

First Name	Middle Name	Last Name

Case number (if known)	

		For Debtor 1	For Debtor 2 or non-filing spouse	_
Copy line 4 here	<b>→</b> 4.	\$ 3200	\$	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	s 440	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	\$	
5d. Required repayments of retirement fund loans	5d.	\$	\$	
5e. Insurance	5e.	\$ 120	\$	
5f. Domestic support obligations	5f.	\$	\$	
5g. Union dues	5g.	s <u>40</u>	\$	
5h. Other deductions. Specify:	5h.	+\$	+ \$	
6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$ <u>600</u>	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	s 2600	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$	
8b. Interest and dividends	8b.	\$	\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		¢	¢	
Specify:	8f.	Φ	Ψ	
8g. Pension or retirement income	8g.	\$	\$	
8h. Other monthly income. Specify:	8h.	+\$	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	]
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>2600</u>	+ \$	= \$ 2600
11. State all other regular contributions to the expenses that you list in Scheolnclude contributions from an unmarried partner, members of your household, griends or relative.			ommates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are Specify:				+ s
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S			•	\$ 2600
		·	оррао <b>о</b> 12	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this No.	form?			

Debtor 1  Exica Crequest  First Name  Debtor 2 (Spouse, if filing)  First Name  Middle Name  Last Name  Last Name  United States Bankruptcy Court for the:  Case number (If known)	An a □ A su expe	mended fi	showing post f the following	petition chapter 13 g date:
Official Form 106J				
Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are information. If more space is needed, attach another sheet to this to (if known). Answer every question.				
Part 1: Describe Your Household				
1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Household of Debtor	2.		
2. Do you have dependents?  Do not list Debtor 1 and  Yes. Fill out this information			Dependent's age	Does dependent live with you?
Debtor 2. each dependent  Do not state the dependents' names.	child	 		No Yes
3. Do your expenses include expenses of people other than yourself and your dependents?		** *		· · · · - · · · · · · · · · · · · ·
Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless yexpenses as of a date after the bankruptcy is filed. If this is a suppapplicable date.  Include expenses paid for with non-cash government assistance if such assistance and have included it on Schedule I: Your Income (4. The rental or home ownership expenses for your residence. Incany rent for the ground or lot.  If not included in line 4:  4a. Real estate taxe  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. Homeowner's association or condominium dues	lemental <i>Schedule J</i> , check the you know the value of (Official Form 106I.)		Your expe	n and fill in the

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	<b>5</b> .	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	s 240
	6b. Water, sewer, garbage collection	6b.	sO
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	<u>\$300</u>
8.	Childcare and children's education costs	8.	s <u>500</u>
9.	Clothing, laundry, and dry cleaning	9.	s <u>25</u>
10.	Personal care products and services	10.	s <u>85</u>
11.	Medical and dental expenses	11.	\$
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$50
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxe	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

Debtor	1	Erica Cregory  First Name Middle Name Last Name	Case number (if known)		
21. <b>O</b> I	her. Sp	ecify:	21.	+\$	
22. <b>C</b> a	lculate	your monthly expenses.			
22	a. Add I	ines 4 through 21.	22a.	\$	2500
22	b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0
22	c. Add I	ine 22a and 22b. The result is your monthly expenses.	22c.	\$	2500
23. <b>Cal</b> 23a 23b 23c	. Copy	your monthly net income.  y line 12 (your combined monthly income) from Schedule I.  y your monthly expenses from line 22c above.  ract your monthly expenses from your monthly income.  result is your monthly net income.	23a. 23b. 23c.	\$ -\$ \$	2600 2500 100
For mo	examp	pect an increase or decrease in your expenses within the year after you file, do you expect to finish paying for your car loan within the year or do you expended and the increase or decrease because of a modification to the terms of your expended in the terms of your expenses within the year after you file the year after year after you file the year after ye	pect your		

das information to identify	your*case:	· · · · · · · · · · · · · · · · · · ·			
ERICA GREGOR	Middle Name	Last Name			
· 2					
o, if filing) First Name	Middle Name	Last Name			
States Bankruptcy Court for the:	District of _				
number wn)					Check if th amended f
ficial Form 106De	<del></del>	dividua	Debtor's Sch	edules	1
o married people are filing	together, both are equa	illy responsible fo	r supplying correct information		
aining money or property by rs, or both. 18 U.S.C. §§ 152	fraud in connection wi		nded schedules. Making a false ase can result in fines up to \$2	50,000, or imprisonme	nt for up to
Sign Below  Did you pay or agree to pay	fraud in connection wi				nt for up to
aining money or property by rs, or both. 18 U.S.C. §§ 152, Sign Below	fraud in connection wi		ase can result in fines up to \$2	,	
Sign Below  Did you pay or agree to pay	fraud in connection wi		ase can result in fines up to \$2	,	
Sign Below  Did you pay or agree to pay  Y No  Yes. Name of person	fraud in connection wi , 1341, 1519, and 3571. someone who is NOT a	an attorney to hel	ase can result in fines up to \$2  you fill out bankruptcy forms?	eparer's Notice, Declaration	
Sign Below  Did you pay or agree to pay  Yes. Name of person  Under penalty of perjury, I d	fraud in connection wi , 1341, 1519, and 3571. someone who is NOT a	an attorney to hel	ase can result in fines up to \$2  you fill out bankruptcy forms?  Attach Bankruptcy Petition Pre Signature (Official Form 119).	eparer's Notice, Declaration	
Sign Below  Sign Below  Did you pay or agree to pay  No  Yes. Name of person  Under penalty of perjury, I dithat they are true and correct	fraud in connection wi , 1341, 1519, and 3571. someone who is NOT a	an attorney to hel	ase can result in fines up to \$2  you fill out bankruptcy forms?  Attach Bankruptcy Petition Pre Signature (Official Form 119).	eparer's Notice, Declaration	
Sign Below  Sign Below  Did you pay or agree to pay  No  Yes. Name of person	fraud in connection wi , 1341, 1519, and 3571. someone who is NOT a	an attorney to hel	o you fill out bankruptcy forms?  Attach Bankruptcy Petition Pre Signature (Official Form 119).	eparer's Notice, Declaration	

Fill in this information to identify your case:				
Debtor 1 Evica Greavy				
First Name (Middle Name	Last Namo			
(Spouse, if filing) First Name Middle Name	Last Name			
United States Bankruptcy Court for the: District	ct of			
Case number (If known)	<del></del>			Check if this is an
				amended filing
Official Form 107				
Statement of Financial Affai	rs for Indiv	riduals Filing	for Bankruptcy	' 04/19
Be as complete and accurate as possible. If two marninformation. If more space is needed, attach a separ number (if known). Answer every question.  Part 1: Give Details About Your Marital Sta	ate sheet to this for	m. On the top of any add		
What is your current marital status?		-		
☐ Married ☑ Not married				
No Yes. List all of the places you lived in the last 3  Debtor 1:	years. Do not include Dates Debtor 1 lived there	e where you live now.  Debtor 2:		Dates Debtor 2 lived there
		Same as Debtor 1		☐ Same as Debtor 1
Number Street		Number Charles		From
Number Street	То	Number Street		То
	_			
City State ZIP Code	<del>-</del>	City	State ZiP Code	
		☐ Same as Debtor 1		Same as Debtor 1
Number Street		Number Street		From
	To			То
	_			
City State ZIP Code		City	State ZIP Code	
3. Within the last 8 years, did you ever live with a s states and territories include Arizona, California, Ida  A	pouse or legal equi aho, Louisiana, Neva	valent in a community pa da, New Mexico, Puerto R	roperty state or territory? (Cico, Texas, Washington, and	ommunity property Wisconsin.)
☑ No ☐ Yes. Make sure you fill out <i>Schedule H:</i> Your Co	odebtors (Official For	m 106H).		
Part 2: Explain the Sources of Your Income				

Debtor	1
Denior	

C	O		
Cerce	- Gree	pre	Case number (if known)
First Name	Middle Name	Last Name	

Did you have any income from employment Fill in the total amount of income you received If you are filing a joint case and you have inco	from all jobs and all busi			
☐ No ☑ Yes. Fill in the details.				
	Debtort		Debtor 2	St. 10 10 10 10 10 10 10 10 10 10 10 10 10
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips  Operating a business	<u>\$_2600</u>	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$
For last calendar year: (January 1 to December 31, 2019)	Wages, commissions, bonuses, tips  Operating a business	\$ <u> </u>	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For the calendar year before that:  (January 1 to December 31, 2017)	Wages, commissions, bonuses, tips Operating a business	\$_36W	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
Did you receive any other income during the Include income regardless of whether that income		of other income are alin	and the second s	Security
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing	ents; pensions; rental inco	ome; interest; dividends;	money collected from law	suits; royalties; and
unemployment, and other public benefit payme	ents; pensions; rental inco a joint case and you have ach source separately. De	ome; interest; dividends; e income that you receiv	money collected from law ed together, list it only onc t you listed in line 4.	suits; royalties; and
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ents; pensions; rental inco a joint case and you have	ome; interest; dividends; e income that you receiv	money collected from law ed together, list it only onc	suits; royalties; and
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ents; pensions; rental income a joint case and you have ach source separately. Department of the pension of the	ome; interest; dividends; e income that you receiv o not include income that Gross income from each source (before deductions and	money collected from lawed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross Income from each source (before deductions and
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.	ents; pensions; rental income a joint case and you have ach source separately. Department of the pension of the	ome; interest; dividends; e income that you receiv o not include income that Gross income from each source (before deductions and	money collected from lawed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross Income from each source (before deductions and
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	ents; pensions; rental income a joint case and you have ach source separately. Department of the pension of the	ome; interest; dividends; e income that you receiv to not include income that grows income from each source (before deductions and exclusions)  \$	money collected from lawed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income	Gross Income from each source (before deductions)  \$\
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	ents; pensions; rental income a joint case and you have ach source separately. Department of the pension of the	ome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and exclusions)  \$	money collected from lawed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)  - \$
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Pres. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,)	ents; pensions; rental income a joint case and you have ach source separately. Department of the pension of the	ome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and exclusions)  \$	money collected from lawed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)  - \$
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Pres. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,)	ents; pensions; rental income a joint case and you have ach source separately. Department of the pension of the	Gross income from each source (before deductions)  \$	money collected from lawed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)  \$\[ \]

n۵	htor	1

			Case number (if known)	
mt Nama	Middle Name	Last Name		

Part 3:

## List Certain Payments You Made Before You Filed for Bankruptcy

. Are eith	er Debtor 1's or Deb	otor 2's deb	ts primarily co	onsumer deb	ts?		
☐ No.	Neither Debtor 1 no	or Debtor 2 idual primar	<b>has primarily</b> ily for a persor	consumer denal, family, or h	ebts. Consumer debts an nousehold purpose."	re defined in 11 U.S.C. § 10°	1(8) as
	During the 90 days t	oefore you fi	led for bankrup	otcy, did you p	ay any creditor a total of	\$6,825* or more?	
	No. Go to line 7.						
	total amour	it you paid tl	nat creditor. Do	not include p		or more payments and the upport obligations, such as this bankruptcy case.	
	* Subject to adjustm	ent on 4/01/	22 and every 3	3 years after th	nat for cases filed on or a	after the date of adjustment.	
₩ Yes	. Debtor 1 or Debtor	2 or both h	ave primarily	consumer de	ebts.		
					ay any creditor a total of	\$600 or more?	
	☐ No. Go to line 7.						
	creditor. Do	not include	payments for	domestic supp	\$600 or more and the to port obligations, such as ey for this bankruptcy ca		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
					\$	\$	☐ Mortgage
	Creditor's Name				<del></del>		☐ Car
	Number Street						Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other
					\$	\$	☐ Mortgage
	Creditor's Name	<del></del> .			<u> </u>		☐ Car
							Credit card
	Number Street						_
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				☐ Other
					\$	\$	☐ Mortgage
	Creditor's Name						Car
	<del></del>						Credit card
	Number Street						Loan repayment
							Suppliers or vendors
							Other
	City	State	ZIP Code				Utilei

Debtor	1

/	$\circ$		
Exicer	(gree	my	1
Circl Mana	Adiddle Name		Last Mana

Case number	(if known)	

h as child support an No					
Yes. List all payment	ts to an insider.	Dates of payment	Total amount	Amount you still owe	Reason for this payment
		<b>F-3</b>	•		
Insider's Name			\$	. \$	
Number Street					
City	State ZIP Code				
•			\$	\$	
Insider's Name		- <u></u>	Ψ	. ¥	
Number Street					
City hin 1 year before yo insjder?	State ZIP Code ou filed for bankruptcy, did	you make any p	payments or trans	fer any property o	n account of a debt that benefit
nin 1 year before yo insider? yde payments on dei No			payments or trans Total amount paid	fer any property o Amount you still owe	
nin 1 year before yo nsider? yde payments on del	u filed for bankruptcy, did bts guaranteed or cosigned b	oy an insider.  Dates of	Total amount	Amount you still	Reason for this payment
nin 1 year before yonsider?  yee payments on del  No  Yes. List all payment	u filed for bankruptcy, did bts guaranteed or cosigned b	oy an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
nin 1 year before yo nsider? yde payments on del No Yes. List all payment	u filed for bankruptcy, did bts guaranteed or cosigned b	oy an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
nin 1 year before yo insider? yde payments on del No Yes. List all payment	bu filed for bankruptcy, did bts guaranteed or cosigned but that benefited an insider.	oy an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment

		<b>∕</b> 0			
اسر ح	Ca	(2×e 1	1000		
First Name	Middle	Name	La	st Name	

Case number	444		
Case muniber	(# Known)		 

Part 4:	Identify	Legal	Actions,	Repossessions,	and Foreclosures
		•	•	•	

n 1 year before you filed for bankr Il such matters, including personal ir	ijury cases, small claims actio	ons, divorces, collection			
ontract disputes.					
0					
es. Fill in the details.					
	Nature of the case	Court or ag	jency		Status of the case
					П
Case title	<del></del>	Court Name			—— Pending
					On appeal
		Number Stre	et		Concluded
Case number	<del></del>	City	State	ZIP Code	
		City	State	ZIF Code	
					<b>□</b> • "
Case title		Court Name			- Fending
					On appeal
		Number Stre	et		Concluded
Case number	<del></del>	0''		210.0	
		City	State	ZIP Code	
k all that apply and fill in the details to. Go to line 11. es. Fill in the information below.			colosca, gan		
o. Go to line 11.	Describe the p		coloscu, gan	Date	hed, seized, or levied?
o. Go to line 11.			coloscu, gan		Value of the propert
o. Go to line 11.			coloscu, gan		value of the property
o. Go to line 11. es. Fill in the information below.			coloscu, gan		Value of the property
o. Go to line 11. es. Fill in the information below.		property	coloscu, gan		Value of the property
o. Go to line 11. es. Fill in the information below.  Creditor's Name	Describe the p	property	coloscu, gan		Value of the propert
o. Go to line 11. es. Fill in the information below.  Creditor's Name	Describe the p  Explain what I	happened was repossessed.	coloscu, gan		Value of the property
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street	Describe the p  Explain what I  Property Property Property	happened was repossessed. was foreclosed. was garnished.			Value of the propert
o. Go to line 11. es. Fill in the information below.  Creditor's Name	Describe the p  Explain what I  Property Property Property	happened was repossessed.			Value of the propert
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street	Describe the p  Explain what I  Property Property Property	happened  was repossessed. was foreclosed. was garnished. was attached, seized, o			Value of the propert
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street	Explain what I Property Property Property Property Property Property	happened  was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State 2	Explain what I Property Property Property Property Property Property	happened  was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street	Explain what I Property Property Property Property Property Property	happened  was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$ Value of the proper
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State 2	Explain what I Property Property Property Property Property Property	happened  was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$ Value of the proper
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State 2	Explain what I Property Property Property Property Property Property	happened was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$ Value of the proper
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State 2	Explain what I Property Property Property Property Property Explain what I	happened was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$ Value of the proper
o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State 2	Explain what I Property Property Property Describe the p	happened  was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$ Value of the proper
O. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State 2  Creditor's Name	Explain what I Property Property Describe the p	happened was repossessed. was foreclosed. was garnished. was attached, seized, o		Date	Value of the property\$ Value of the proper

Debtor	1

0	. (	•			
أس	co-	some	0		Case number (if known)
First Name	Middle Name	. 8	Last Na	ne	

		ause you owed a debt?		
☑ No				
Yes. Fill in the details.				
		Describe the action the creditor took	Date action was taken	Amount
Creditor's Name		•	1	
		_	\$	
Number Street				
City	State ZIP Code	Last 4 digits of account number: XXXX		
-	-	cy, was any of your property in the possession of stodian, or another official?	an assignee for the benefit	of
rt 5: List Certain Gifts	s and Contribu	tions		
Alithin 2 years before your	filed for banks	tour did you give one gifts with a total value of an	are then \$500 per person?	
Nithin 2 years before you i	mea tor pankrup	tcy, did you give any gifts with a total value of mo	re man şouu per person?	
☑ No ☑ Yes. Fill in the details for	r each gift			
Tes. I ill ill the details for	caon giit.			
Gifts with a total value of per person	f more than \$600	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the				
	Giff	•		\$
Person to whom you gave the	Gift	•		\$
	Gift	·		\$ \$
	Gift	·		\$ \$
Number Street	Gift	- -		\$ \$
	State ZIP Code	- -		\$ \$
Number Street	State ZIP Code			\$ \$
Number Street	State ZIP Code	-		\$ \$
Number Street  City  Person's relationship to you  Gifts with a total value of a	State ZIP Code	Describe the gifts	Dates you gave	\$ \$
Number Street  City  Person's relationship to you	State ZIP Code	Describe the gifts	Dates you gave the gifts	
Number Street  City  Person's relationship to you  Gifts with a total value of a	State ZIP Code	<del>-</del>		Value
Number Street  City  Person's relationship to you  Gifts with a total value of re	State ZIP Code	<del>-</del>		Value
Number Street  City  Person's relationship to you  Gifts with a total value of a per person	State ZIP Code	<del>-</del>		Value
Number Street  City  Person's relationship to you  Gifts with a total value of a per person	State ZIP Code	<del>-</del>		Value \$
Number Street  City  Person's relationship to you  Gifts with a total value of a per person  Person to Whom You Gave the o	State ZIP Code	<del>-</del>		Value \$
Number Street  City  Person's relationship to you  Gifts with a total value of a per person	State ZIP Code	<del>-</del>		Value \$
Number Street  City  Person's relationship to you  Gifts with a total value of a per person  Person to Whom You Gave the o	State ZIP Code	<del>-</del>		Value \$

П	eł	oto	٦r	1

(	-	(V		1		
Y	evice-	Cree	~~~	1	Case number (# known)	
	A Alamana A Cirlaba	11ama	`	t ant blam-		

ntribution.  Describe what you contributed	Date you contributed	Malus
Describe what you contributed		Matan
	contributed	Value
_		\$
_		\$
_		
<del>_</del>		
Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		\$
nsfers ptcy, did you or anyone else acting on your behalf pay or tran	sfer any property	to anyone
		to anyone
ptcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?		to anyone
ptcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in yo	ur bankruptcy.	
ptcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?		to anyone  Amount of paymen
ptcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in yo	ur bankruptcy.  Date payment or transfer was	
ptcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in yo	ur bankruptcy.  Date payment or transfer was	
	Describe any insurance coverage for the loss	Include the amount that insurance has paid. List pending insurance

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

First Name Middle Name Last	Name	Case number (if known)		
	Description and value of any property	/ transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$
Number Street				•
	-			\$
City State ZIP Code				
Email or website address	-			
Person Who Made the Payment, if Not You				
o not include any payment or transfer that y No I Yes. Fill in the details.	you listed on line 16.			
	Description and value of any property	/ transferred	Date payment or transfer was made	Amount of pa
Person Who Was Paid	<del>-</del>			•
Number Street	-			<b>\$</b>
	-			\$
City State ZIP Code	=			
ithin 2 years before you filed for bankrup ansferred in the ordinary course of your	business or financial affairs? made as security (such as the granting			
clude both outright transfers and transfers ronot include gifts and transfers that you hand No  Yes. Fill in the details.				
clude both outright transfers and transfers r onot include gifts and transfers that you ha No	ave already listed on this statement.  Description and value of property transferred	Describe any property or debts paid in excha		Date tran
clude both outright transfers and transfers r not include gifts and transfers that you ha No	Description and value of property			
clude both outright transfers and transfers r onot include gifts and transfers that you ha No Yes. Fill in the details.	Description and value of property			
clude both outright transfers and transfers rot include gifts and transfers that you hat No I Yes. Fill in the details.  Person Who Received Transfer	Description and value of property			
clude both outright transfers and transfers ronot include gifts and transfers that you hall No I Yes. Fill in the details.  Person Who Received Transfer  Number Street	Description and value of property			
clude both outright transfers and transfers ronot include gifts and transfers that you hall No I Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code	Description and value of property			
clude both outright transfers and transfers report include gifts and transfers that you had not include gifts and transfers.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you	Description and value of property			
clude both outright transfers and transfers report include gifts and transfers that you had No  No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you	Description and value of property			

Dehtor	1

Erice	Crejon	1	Case number (if known)
rst Name	Middle Name	Last Name	

	hin 10 years before you filed for bankru p beneficiary? (These are often called as		ty to a self-settled trus	st or similar device of w	hich you
	No Yes. Fill in the details.				
		Description and value of the prope	rty transferred		Date transfer was made
	Name of trust	-			
		-			
Part 8		<u> </u>			hama SA
clo Inc bro	thin 1 year before you filed for bankrupt sed, sold, moved, or transferred? lude checking, savings, money market, kerage houses, pension funds, cooper	or other financial accounts; certi	ficates of deposit; sha		
	No Yes. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Name of Financial Institution	xxxx	Checking		\$
	Number Street		Savings  Money market		
			☐ Brokerage		
	City State ZIP Code		Other		
		xxxx	Checking	<u></u>	\$
	Name of Financial Institution		☐ Savings		
	Number Street		Money market		
			☐ Brokerage		
	City State ZIP Code		Other		
sed	you now have, or did you have within 1 urities, cash, or other valuables? No Yes. Fill in the details.	year before you filed for bankrup	otcy, any safe deposit	box or other depositor	y for
_	res. Fill ill the details.	Who else had access to it?	Describe th	e contents	Do you still
					have it?
	Name of Financial Institution	Name	· · · · · · · · · · · · · · · · · · ·		☐ No ☐ Yes
	Number Street	Number Street			
	City State ZIP Code	City State ZIP Code			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Dρ	htor	1

Eric	ru Gr	igo	· -4	Case number (# known)
First Name	Middle Name	0	Last Name	

22. Haye you stored property in a storage unit o	or place other than your home with	in 1 year before you filed for bankruptcy?	
Yes. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		☐ No ☐ Yes
Number Street	Number Street	·:	
	CityState ZIP Code	<del></del>	
City State ZIP Code			
Part 9: Identify Property You Hold o	or Control for Someone Else		
23. Do you hold or control any property that so or hold in trust for someone.  1 No	omeone else owns? Include any p	roperty you borrowed from, are storing for	5
Yes. Fill in the details.	Where is the property?	Describe the property	Value
Owner's Name			\$
Number Street	Number Street		
City State ZIP Code	City State ZIP	Code	
City State ZIP Code  Part 10: Give Details About Environn	nental information		
For the purpose of Part 10, the following defin  Environmental law means any federal, state hazardous or toxic substances, wastes, or including statutes or regulations controllin  Site means any location, facility, or proper utilize it or used to own, operate, or utilize	te, or local statute or regulation co material into the air, land, soil, su ng the cleanup of these substance ty as defined under any environme	rface water, groundwater, or other mediur s, wastes, or material.	n,
<ul> <li>Hazardous material means anything an en substance, hazardous material, pollutant,</li> </ul>		rdous waste, hazardous substance, toxic	
Report all notices, releases, and proceedings	that you know about, regardless	of when they occurred.	
24. Has any governmental unit notified you that  No  Yes. Fill in the details.	at you may be liable or potentially	iable under or in violation of an environme	ental law?
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP		
Ole TO O de			

ye you notified any governmental uni	t of any release of hazardous mate	erial?	
No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
			,
	_		
Name of site	Governmental unit		<del></del>
Number Street	Number Street	_	
	City State ZIP	<del>_</del>	
	<u> </u>		
City State ZIP Code			
v∉ you been a party in any judicial or	administrative proceeding under a	any environmental law? Include settleme	nts and orders.
No		•	
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the
	Court or agency	Hatare of the case	case
Case title			☐ Pending
	Court Name		_
	<del></del>		☐ On appe
	Number Street		Conclude
Case number			
Odde Humber	City State ZIP C	Code	
Give Details About Your E	Business or Connections to Ar	ny Business	
	·		
		have any of the following connections to	o any business?
☐ A sole proprietor or self-employe	ed in a trade, profession, or other a	activity, either full-time or part-time	o any business?
☐ A sole proprietor or self-employe ☐ A member of a limited liability co	ed in a trade, profession, or other a	activity, either full-time or part-time	o any business?
<ul> <li>□ A sole proprietor or self-employe</li> <li>□ A member of a limited liability co</li> <li>□ A partner in a partnership</li> </ul>	ed in a trade, profession, or other a ompany (LLC) or limited liability pa	activity, either full-time or part-time	o any business?
<ul> <li>□ A sole proprietor or self-employe</li> <li>□ A member of a limited liability or</li> <li>□ A partner in a partnership</li> <li>□ An officer, director, or managing</li> </ul>	ed in a trade, profession, or other a ompany (LLC) or limited liability pa g executive of a corporation	activity, either full-time or part-time irtnership (LLP)	o any business?
<ul> <li>□ A sole proprietor or self-employe</li> <li>□ A member of a limited liability or</li> <li>□ A partner in a partnership</li> <li>□ An officer, director, or managing</li> </ul>	ed in a trade, profession, or other a ompany (LLC) or limited liability pa	activity, either full-time or part-time irtnership (LLP)	o any business?
<ul> <li>□ A sole proprietor or self-employe</li> <li>□ A member of a limited liability or</li> <li>□ A partner in a partnership</li> <li>□ An officer, director, or managing</li> </ul>	ed in a trade, profession, or other a ompany (LLC) or limited liability pa gexecutive of a corporation oting or equity securities of a corpo	activity, either full-time or part-time irtnership (LLP)	o any business?
<ul> <li>□ A sole proprietor or self-employe</li> <li>□ A member of a limited liability co</li> <li>□ A partner in a partnership</li> <li>□ An officer, director, or managing</li> <li>□ An owner of at least 5% of the vo</li> </ul>	ed in a trade, profession, or other a ompany (LLC) or limited liability pa g executive of a corporation oting or equity securities of a corporation	activity, either full-time or part-time irtnership (LLP) oration	o any business?
□ A sole proprietor or self-employe □ A member of a limited liability or □ A partner in a partnership □ An officer, director, or managing □ An owner of at least 5% of the volume. No. None of the above applies. Go to	ed in a trade, profession, or other a ompany (LLC) or limited liability pa g executive of a corporation oting or equity securities of a corporation	activity, either full-time or part-time irtnership (LLP) oration usiness. ess Employer Identification	on number
□ A sole proprietor or self-employe □ A member of a limited liability or □ A partner in a partnership □ An officer, director, or managing □ An owner of at least 5% of the volume. No. None of the above applies. Go to	ed in a trade, profession, or other a ompany (LLC) or limited liability pa gexecutive of a corporation oting or equity securities of a corpo o Part 12.	activity, either full-time or part-time irtnership (LLP) oration usiness. ess Employer Identification	
□ A sole proprietor or self-employe     □ A member of a limited liability oc     □ A partner in a partnership     □ An officer, director, or managing     □ An owner of at least 5% of the vo No. None of the above applies. Go to Yes. Check all that apply above and	ed in a trade, profession, or other a ompany (LLC) or limited liability pa gexecutive of a corporation oting or equity securities of a corpo o Part 12.	activity, either full-time or part-time irtnership (LLP)  oration  usiness.  ess Employer Identification  Do not include Social	on number Security number or ITIN.
☐ A sole proprietor or self-employe ☐ A member of a limited liability or ☐ A partner in a partnership ☐ An officer, director, or managing ☐ An owner of at least 5% of the volon. None of the above applies. Go to Yes. Check all that apply above and	ed in a trade, profession, or other a ompany (LLC) or limited liability pa gexecutive of a corporation oting or equity securities of a corpo o Part 12.	activity, either full-time or part-time irtnership (LLP)  oration  usiness.  ess Employer Identification  Do not include Social	on number
□ A sole proprietor or self-employe □ A member of a limited liability of □ A partner in a partnership □ An officer, director, or managing □ An owner of at least 5% of the volume. No. None of the above applies. Go to Yes. Check all that apply above and	ed in a trade, profession, or other a ompany (LLC) or limited liability pa gexecutive of a corporation oting or equity securities of a corpo o Part 12.	activity, either full-time or part-time irtnership (LLP)  oration  usiness.  ess Employer Identification  Do not include Social  EIN:	on number Security number or ITIN.
□ A sole proprietor or self-employe □ A member of a limited liability of □ A partner in a partnership □ An officer, director, or managing □ An owner of at least 5% of the volume. No. None of the above applies. Go to Yes. Check all that apply above and	ed in a trade, profession, or other a ompany (LLC) or limited liability pa g executive of a corporation oting or equity securities of a corpo o Part 12. fill in the details below for each bu Describe the nature of the busin	activity, either full-time or part-time irtnership (LLP)  oration  usiness. less Employer identification Do not include Social  EIN:  per Dates business exist	on number   Security number or ITIN. 
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A sole proprietor or self-employed A member of a limited liability of A partner in a partnership An officer, director, or managing An owner of at least 5% of the vol No. None of the above applies. Go to Yes. Check all that apply above and  Business Name  Number Street	ed in a trade, profession, or other a company (LLC) or limited liability pays executive of a corporation or equity securities of a corporation or Part 12.  fill in the details below for each be Describe the nature of the busin	activity, either full-time or part-time irtnership (LLP)  oration  usiness. less Employer Identification Do not include Social  EIN:  per Dates business exist  From These Employer Identification Do not include Social	on number Security number or ITIN.  ed on number Security number or ITIN.
A sole proprietor or self-employed A member of a limited liability of A partner in a partnership An officer, director, or managing An owner of at least 5% of the vol No. None of the above applies. Go to Yes. Check all that apply above and  Business Name  Number Street	ed in a trade, profession, or other a company (LLC) or limited liability pays a secutive of a corporation or equity securities of a corpo o Part 12.  fill in the details below for each busin describe the nature of the busin hame of accountant or bookkee.  Describe the nature of the busin describe the nature of the busin hame of accountant or bookkee.	activity, either full-time or part-time irtnership (LLP)  oration  usiness. less Employer Identification Do not include Social  EIN:  per Dates business exist  From T  less Employer Identification Do not include Social  EIN: T	on number Security number or ITIN.  ed To on number Security number or ITIN.
A sole proprietor or self-employs A member of a limited liability or A partner in a partnership An officer, director, or managing An owner of at least 5% of the vo No. None of the above applies. Go to Yes. Check all that apply above and Business Name  City State ZIP Code Business Name	ed in a trade, profession, or other a company (LLC) or limited liability pays executive of a corporation or equity securities of a corporation or Part 12.  fill in the details below for each be Describe the nature of the busin	activity, either full-time or part-time irtnership (LLP)  oration  usiness. less Employer Identification Do not include Social  EIN:  per Dates business exist  From T  less Employer Identification Do not include Social  EIN: T	on number Security number or ITIN.  ed To on number Security number or ITIN.
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Debtor 1	First Name Middle Na	- Last N	Case number (d known)	
	Last Manie Middle Me	une Last N	ame	
				E
			Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
	Business Name			•
				EIN:
	Number Street	_	Name of accountant or bookkeeper	Dates business existed
			Number added name of Bookingspa.	2 and Datimoso United
	City St	ate ZIP Code		From To
	<b>,</b>			
	-		tcy, did you give a financial statement to a	nyone about your business? Include all financial
insti	tutions, creditors, or o	ther parties.		
	lo			
□ Y	es. Fill in the details b	elow.		
			Date issued	
	Name		MM / DD / YYYY	
	Number Street			
	City St	ate ZIP Code		
art 12	Sign Below			
•	<u>.</u>	<del></del>	······································	
l ha	ve read the answers o wers are true and corr	n this <i>Statemen:</i> ect. Lunderstan	<i>t of Financial Affair</i> s and any attachments, d that making a false statement, concealin	, and I declare under penalty of perjury that the g property, or obtaining money or property by fraud
in c	onnection with a bank	ruptcy case can	result in fines up to \$250,000, or imprison	ment for up to 20 years, or both.
18	J.S.C. §§ 152, 1341, 15	19, and 3571.		
	//		_	
×	9		<del>)</del>	
	Signature of Debtor 1		Signature of Debtor 2	
	<b></b>			
	Date 04 02201	9	Date	
	•		tatement of Financial Affairs for Individual	ls Filing for Bankruptcy (Official Form 107)?
_/	7	-		
	No Yes			
_	100			
			<u> </u>	
-4/		ay someone who	is not an attorney to help you fill out banl	kruptcy forms?
	No			Attack the Dankmanton Deliting December 12 Medica
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
				2 (

CREDIT ACCEPTANCE PO BOX 5070 SOUTHFIELD, MI 48086

GM FINANCIAL PO BOX 181145 ARLINGTON, TX 76096

DEPT OF EDU 3015 PARKER RD STE 400 AURORA, CO 80014

HENRY FORD HOSPITAL 2799 W GRAND BLVD DETROIT, MI 48202

VERIZON WIRELESS 1095 AVENUE OF THE AMERICANS NEW YORK, NY 10013

> AT& T 208 S AKWARD ST DALLAS, TX 75202

DTE ENERGY ONE ENERGY PLAZA WCB 2106 DETROIT, MI 48226

> COMCAST 1701 JOHN F KENNEDY PHILADELPHIA, PA 19103

PURCHASING POWER 1349 W PEACHTREE ST STE 1100 ATLANTA. GA 30309

> DIRECT TV 2230 E IMPERIAL HWY ELSEGUNDO. CA 90245

LIFETIME FITNESS 642 CITY W PARKWAY EDEN PRARIE. MN 55344 ABOLADE ADEGBITE 1546 LIBERTY ST CANTON, MI 48188

COMMUNITY CHOICE CREDIT UNION 31155 NORTHWESTERN HWY STE 174 FARMINGTON HILLS, MI 48334

> JOHN STEINBURG & ASSOC 17515 W 9 MILE RD STE 420 SOUTHFIELD, MI 48075

> > TMOBILE 12920 SE 38<sup>TH</sup> ST BELLEVUE, WA 98006